

## Changes To SHP Prescription Coverage Effective February 1, 2008

Drug(s)	Drug class/use	New coverage status	Alternative(s)	Price of alternative***
• Lexapro®	antidepressant	not covered, unless approved through review	• citalopram • fluoxetine • paroxetine • sertraline	tier 1 (lowest cost)
• Nexium®	Proton pump inhibitor (PPI)	tier 3 (highest cost)	• omeprazole	tier 1 (lowest cost)
• Aciphex® • Prevacid® • Prilosec® 40 mg • Protonix® • Zegerid®	proton pump inhibitor (PPI)	not covered, unless approved through review	• omeprazole (not available in 40 mg)	tier 1 (lowest cost)
			• Nexium®	tier 3 (highest cost)
			• Prilosec® OTC*	over the counter
• Lipitor® • Crestor® • Vytarin®	Cholesterol Lowering Agents	tier 3 (highest cost)	• simvastatin	tier 1 (lowest cost)
• Allegra-D® • Clarinex® • Clarinex-D® • Zyrtec®* • Zyrtec-D®*	Oral Allergy Agents	tier 3 (highest cost)	• fexofenadine (generic of Allegra®*)	tier 1 (lowest cost)
			• Zyrtec® OTC	over the counter
• Nasonex® • Nasacort® • Rhinocort AQ® • Veramyst®	Nasal steroid allergy medications	tier 3 (highest cost) and not covered unless approved through review	• fluticasone • flunisolide	tier 1 (lowest cost)
• Actonel®	bisphosphonate (bone density)	not covered, unless approved through review	• Boniva®	tier 3 (highest cost)
			• Fosamax®**	tier 2 (higher cost)
• Boniva®	bisphosphonate (bone density)	tier 3 (highest cost)	• Fosamax®**	tier 2 (higher cost)
• Ambien CR® • Lunesta® • Rozerem® • Sonata®	sleep aid	not covered, unless approved through review	• zolpidem • temazepam • triazolam	tier 1 (lowest cost)

\* Available over-the-counter (OTC), without a doctor's prescription. OTC drugs are not covered through your prescription drug coverage, but are reimbursable through a MoneyPlus® Medical Spending Account).

\*\* Generics for these drugs are expected to be approved soon.

\*\*\* Prescription drug costs:

- Tier 1 (generics): \$10/31-day supply at retail pharmacy; \$25/90-day supply by mail
- Tier 2 (brands): \$25/31-day supply at retail pharmacy; \$62/90-day supply by mail
- Tier 3 (highest-cost brands): \$40/31-day supply at retail pharmacy; \$100/90-day supply by mail
- Savings Plan subscribers: You pay the plan's allowable amount for prescriptions until you meet your annual deductible. Then, the plan will reimburse 80% of the allowed amount.
- The pay-the-difference policy applies. For more information, refer to the Health Insurance chapter of your 2008 [Insurance Benefits Guide](#).